



# **FEE TRANSMITTAL**

**Complete if known**

Application Number: Not Yet Assigned

Filing Date: Filed Concurrently Herewith

First Named Inventor: Stephen L. Archer, et al.

Group Art Unit: Not Yet Assigned

Examiner Name: Not Yet Assigned

Total Amt. of Payment: (1)+(2)+(3)= **\$417**

Attorney Docket Number: 3241-P03287US01

## **METHOD OF PAYMENT (check one)**

1. The Commissioner is hereby authorized to:

☐ Charge indicated fees

☒ Charge additional fees

☒ Credit overpayments  
to the account of DANN, DORFMAN, HERRELL & SKILLMAN  
Deposit Account Number 04-1406

2. Payment enclosed:

Check in the amount of \$417

## **FEE CALCULATION**

1. FILING FEE

### **Fee Description**

Utility filing fee	<u>375</u>
Design filing fee	<u>          </u>
Plant filing fee	<u>          </u>
Reissue filing fee	<u>          </u>
Provisional filing fee	<u>          </u>

**SUBTOTAL (1)** \$375

**Fee**

## **FEE CALCULATION (continued)**

### **ADDITIONAL FEES**

#### **Fee Description**

#### **Fee Paid**

Surcharge-late filing fee or oath	<u>          </u>
Surcharge - late provisional filing fee or cover sheet	<u>          </u>
Extension for response within first month	<u>          </u>
Extension for response within second month	<u>          </u>
Extension for response within third month	<u>          </u>
Extension for response within fourth month	<u>          </u>
Notice of Appeal	<u>          </u>
Filing a brief in support of an appeal	<u>          </u>
Request for oral hearing	<u>          </u>
Petition to revive unavoidably abandoned application	<u>          </u>
Petition to revive unintentionally abandoned application	<u>          </u>
Issue fee	<u>          </u>
Petitions to the Commissioner	<u>          </u>
Petitions related to provisional applications	<u>          </u>
Submission of Information Disclosure Stmt.	<u>          </u>
Recording each patent assignment per property	<u>          </u>
Other fee (specify) <u>Advance Order (10 copies)</u>	<u>          </u>
Other fee (specify)	<u>          </u>

**SUBTOTAL (3)** -0-

2. Claims

	<b>Paid</b>	<b>Extr</b>	<b>Fee</b>
Total Claims	12 - 20 = 0	x 9 = 0	
Independent Claims	4 - 3 = 1	x 42 = 42	
Multiple Dependent (First presentation)			

**SUBTOTAL (2)** \$42

Submitted By:

Typed or

Printed Name Kathleen D. Rigaui

Reg. Number 43,047

Signature  Date September 25, 2003

Deposit Account User ID

04-1406